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ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

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No. 11.

FACIAL REGION.—This part is placed between the frontal protuberances above and the neck below, and is beneath the anterior part of the cranium. It rests upon a skeleton consisting of fourteen pieces, most of which are small bones, though the great volume of it is based upon the superior and inferior maxillary bones It forms by an extraordinary combination of parts secure chambers for the accommodation of three of the organs of sense—*vision*, *olfaction* and *taste*. When the position of the auditory apparatus is remembered, we cannot fail being struck with the close assemblage of all the great thoroughfares of knowledge, and their proximity to the brain of all those instruments by which the mind is enabled to communicate with the exterior world. When the face is compared with the head, and which is best done by a vertical section of both, viewed in profile, it is seen not to be more than one-fourth the size. Any unusual development of the face is attained at the expense of the cranium, and as the organs of sense rise in importance in a corresponding ratio, the *animal* also gains at the cost of the *intellectual*. The mathematical relation subsisting between the facial and cranial bones, furnishes the basis for erecting an angle designed to gauge the capacities of the mind. This is commonly known as the angle of Camper, and is comprised between lines extending from the space between the front incisor teeth of the upper jaw to the middle of the forehead, and the external auditory canal. The nearer a right angle these two lines may approach, the greater will be the cranial capacity, and the less the facial. The anatomical constituents of the head and face are found to follow such persistent plans of growth and figure, as to give a very reliable import to the subject of national craniology. The varieties observed in the cranial and facial skeleton of different races should be ascribed to intellectual and animal differences. The maximum of this angle is attained in the European, and measures from 80 to 85 degrees.

The ancients in their works of art exaggerated this angle to an extent never seen in nature; though perhaps excusable when the object of the artist was to embody in marble his conceptions of the god. Antecedent to dentition the size of the face in children is very small compared with that of the head, which magnifies this angle almost to a right angle, in which case also the sensiferous organs are but moderately developed, furnishing a beauful example of organization adapted to their dependent relations in life, untiring parental affection being to them instead of senses. When the eruption of the teeth commences, the face becomes rapidly more prominent, and continues to increase until adult life, the facial angle becoming more and more acute. The simultaneous amplification of the organs of smell, sight, taste, and hearing now corresponds to that independent state of advancing manhood when the individual must rely

upon his own appointments for the battle of life.

There are three sets of organs opening out upon the face; the *nasal*, *orbital*, and *oral*, and in treating of this subject I shall regard it under the following divisions:

First—Two lateral regions extending from the base of the lower jaw below to the orbits and zygomatic arches above, and from the sides of the mouth and nose in front to the cartilages of the ears behind.

Second—Two *median* regions; the *oral* and *fronto-nasal.*

Third—Two superior, lateral; the *orbital* regions.

First. The *lateral facial* region includes that part of the face usually spoken of as the cheeks; it forms, therefore, the side of the mouth, and depends for its resistance on a skeleton formed by the malar and upper and lower maxillary bones, and is continuous below with the neck.

Beard.—This part of the face as well as that of the upper lip and chin in the adult, is occupied by a growth of hair, which, like that of the head already treated of, has a historical importance both extended and curious. This appendage has furnished the cause of long and bloody wars, as an instance of which we have that fierce contest between the Tartars and Persians, in consequence of the latter refusing to cut off their beards. A no less violent, though less sanguinary contest, was carried on in the ecclesiastical world between the Greek and Roman divisions of the church on the same subject. The beard was regarded as a mark of honor and veneration. The Emperor Constantine, Geffrey, of Crusade memory, Brouchard and others, had the suffix "*Bearded*" to their names, just as we see now have M. D. or D. D., the former probably implying the most of the two. The ancient Gynosophist philosophers cultivated it from similar motives. The long white beard of Nestor and old Priam is not lost sight of by Homer, and Socrates was styled by Perseus "*magistrum barbatum.*" It was connected with the ceremonial forms which preceded the assumption of certain family relations. In the treaty between Clovis and Alaric it was stipulated that the latter was to touch the beard of the former, according to the prevailing custom, in order that he should become his god-father. It played a part and does to this day in the salutations of the East; friends kiss and bless each other's beards; a Turk or an Arab would prefer death to its loss, while our American Indians carefully pluck it out.

At one period in the early history of France the King was in the habit of embedding in the seal of his letters three hairs from his beard, as the most sacred assurance of royal protection. It is even asserted by some that the decline of Spain may in part be attributed to the extensive shave which followed Philip II, who ascended the throne with a smooth face. During the reign of Louis XIV, whiskers became so popular that ladies even esteemed it a rare privilege to dress those of their admirers, and in order to advance the facilities for so agreeable an office, gentlemen were in the habit of carrying pomatum, brushes, and other little articles of the toilet in their pockets for the accommodation of the ladies. The practice of allowing the beard to grow unshorn is undoubtedly very ancient. Allusion to this fact is made in several passages of the sacred writings. In speaking of the unity of brethren, the Hebrew Poet says: "It is like the precious ointment upon the head, that ran down upon the beard, even Aaron's beard, that went down to the skirts of his garments;" and its loss was esteemed a source of mortification and shame, as may be inferred from the conduct of David's servants in remaining at Jericho until all traces of Hanun's indignity had been removed. It was the subject of legal regulation during the theocracy of the Jews.

At the execution of Sir Thomas Moore, a beautiful incident occurred illustrative of personal self-possession and respect. Just before the executioner's axe descended, observing his beard in the way, he pushed it aside, saying, "my beard has not been guilty of treason, and it would be an injustice to punish it."

As Americans, we are fast becoming a

bearded nation, the youth of this country being as precocious in this as in other things. The contrast in this respect between the boys of city and country districts cannot fail to strike the observer. Among the latter, smooth chins may be seen until 16 or 18 years of age, but among the former the growth takes place so early that the whole lad may be comprised in little else than the Frenchman's retort, "*boots and moustaches.*" This fact is by no means unimportant. It goes to show that moral and social training does exert an unquestionable influence upon the period of puberty.

There are many reasons for believing that the beard should not be removed. In cold localities it is an important defence. The skin of the cheek is very delicate, and is underlaid by a net work of both motor and sensory nerves, the 5th and 7th pairs, which are peculiarly impressible to the influence of low temperature. Almost every one has felt the stiff and paralyzed condition of the face when unprotected it has been exposed to the frosty air of a winter day, also the chattering teeth. Both toothache and neuralgia have been entirely removed by allowing the beard to grow. So in warm situations it serves as a defence against the irritating effects of the suns rays, preventing tan, freckles, inflammation and desquamation; thus it is very common to find boatmen, and those employed about the water, cultivating a luxuriant growth of beard to obviate these inconveniences.

That portion occupying the superior lip, commonly called the *mustaches*, is well situated, not only to defend the lip, but to arrest and entangle particles of dust which would otherwise be drawn into the respiratory passages.

Mr. Chadwick asserts that travellers in Syria and Egypt suffer so much from the small sand which fills the air that they really find it necessary to delay the wilderness journey until their mustaches have grown. To all, therefore, whose occupations expose them to dust, such as threshers, millers, smiths, etc., the preservation of this growth will be useful.

Characteristics of Surface. The finger carried from the inner angle of the eye to the ear will feel a continuous line of bone formed by the lower edge of the orbit, malar, with its zygomatic process, and the zygomatic process of the temporal, the two forming the arch.

The prominence of the posterior half of the lateral region of the face, extending from the zygoma to the base and angle of the lower jaw, is produced by the masseter muscle. Between this muscle and the cartilage of the ear, the space is leveled up by the parotid gland. In front the finger can be pushed inwards and backwards to some depth, by entering between the masseter and buccinator muscles. A dimple is often seen, situated in this part of the face. In the angle between the cartilage of the ear and the zygoma, the condyle of the inferior maxillary can be felt, and if the jaw be moved at the same time, its location becomes very evident; hence, when the bone is displaced from its articulating cavity, a very marked hollow or depression is noticed in this situation. A swell is seen, also running from the side of the nose and inner angle of the eye, outwards and downwards to the masseteric ridge, and is formed by a mass of muscular tissue, the *levator labii superioris* and the *levator angularis*, together with considerable adipose tissue.

Skin,—The skin on the lateral parts of the face is delicately organized, the capillary vessels being so numerous and superficial, as to heighten very much its color, and give the bloom to the cheek; its mobility also is considerable, and is abundantly supplied, especially in the outer and lower portions, with sebaceous and hair glands.

Practical Observations.—Alteration in Color.—This is of two kinds, *vascular* and *pigmentary*.

First. *Vascular color.*—Whatever increases the force and rapidity of the circulation, in consequence of the delicacy and superficial position of the vessels, will increase the color of the face, as in febrile affections or after active exercise.

This capillary circulation is much influenced by emotional causes, as in fear, anger and shame; and also by diseases affecting the organs of respiration, these shall be noticed after

the nerves of the region have been described. For the same reason, their exposed situation, allows them to be influenced by cold, producing paleness. A mottled appearance of the face is a constant attendant of any thing which may interfere with the circulation on the right side of the heart, owing to the resulting venous congestion.

Desquamation during the summer months is very common, in consequence of the hyperæmic condition of the facial vessels, induced by the stimulus of the sun's rays.

Second. *Alteration in pigment.*— The coloring matter of the skin is situated in the rete-mucosum, and its formation is greatly influenced by sun light; hence the most exposed portions of the body exhibit these changes. Hence, the inhabitants of the city, and of cool latitudes have fair complexions when compared with those of the country, or such as live in hot climates. The importance of light cannot be too highly estimated in a hygienic point of view, and it is probably not saying too much to assert that over one-half of all the cases of disease involving the lymphatic system, seen in our great cities, may be placed to the account of that accursed principle of avarice which dictates the erection of blocks of houses front and rear, so closely packed together, as almost never to allow one stray sunbeam to gladden the eyes of their inmates.

As examples under this second head, we have *tan* and *freckles* following exposure to the sun, and which, for the most part, disappear during the temperate months of the year. Persons of light or red hair are most liable to freckle, and to retain them when once formed. Congenital lentigo will not disappear, or if it does, it takes place about the age of puberty.

Spots are seen on the faces or necks of females who may be laboring under uterine difficulties, (maculæ gravidarum,) or disorders of the liver, or during the period of pregnancy; these are termed *chloasma*, and of course are to be attributed to constitutional causes, modifying the cromatogenous function of the skin. There may be an entire congenital absence of pigment in the skin of the whole body, constituting "*leucopathia*," or albinism. A piebald appearance of the negro is sometimes seen by the pigment being removed over large spots, forming the *vitiligo* of authors. Certain medicinal agents, as the nitrate of silver, when too long continued, produce an alteration of color, at first bluish, and afterwards becoming a green slate tint. This change, while it extends over the entire surface of the body, is most decided upon the face and hands; the parts most exposed to the light. There is a bronze discoloration, also, which is said to be pathognomonic of disease of the supra-renal bodies.

Moles, which are so frequent a source of annoyance, not only from their prominence, but the cluster of stout hairs which surmount them, are also spots of augmented pigment. The local applications which are employed for the removal of tan, freckles, moles and other varieties of maculæ, when they remain persistent, are useless. Moles may be sloughed out by caustic, but it is better and more efficient to remove them by the knife. The nostrums which are sold for this purpose are composed of astringent articles, which, by diminishing the capillary circulation, may screen but not remove, maculæ.

As it is important to avoid scars upon the face, the surgeon should always be careful, if possible, to bring the edges of wounds accurately together, and maintain them thus, either by the silver, or twisted suture, and as the mobility of the skin is greatest over the lateral region, a larger portion may be removed in operations here than elsewhere.

A Case of Puerperal Convulsions.

By N. D. FERGUSON, M. D.,
Of Carthage, Jefferson Co., N. Y.

On the first day of April last, at 7½ o'clock A. M., I was called to see Mrs. F., aged 29 years, in her fourth pregnancy, and hourly expecting to be confined, and found her lying on the floor in a violent convulsion. The paroxysm soon subsided, when I placed my patient upon a bed, and immediately bared the arm for the

lancet, and abstracted about twenty-six ounces of blood.

In about half an hour she had a second convulsion, and directly after it was bled twelve ounces more.

I then made an examination per vaginam, and found the uterus completely developed, but no dilatation of the os had yet taken place.

Pains, however, soon came on, the membranes were ruptured, a large quantity of liquor amnii escaped, and my patient was delivered at 10½ o'clock, after having suffered two more violent convulsions.

Shortly after delivery she had another attack, and as soon as she recovered from the fit was again bled. About one hour intervened when another paroxysm appeared, and bleeding was again resorted to. The convulsions still continued to return, and the vein was opened a fifth, and even a sixth time in the course of the first twelve hours, and about seventy ounces of blood taken.

Bleeding having been carried as far as the circumstances of the case would seem to indicate, and relief not being obtained, purgatives were freely given, and active catharsis procured in a very few hours.

The fits continued to recur at longer or shorter intervals, and with wonted severity, for a period of twenty-eight hours after delivery had been effected, during which time she suffered sixteen attacks, the last of which was quite as severe as the first.

After copious alvine evacuations had been procured without much apparent relief, venesection was again resorted to and put in requisition three several times, and about twenty-two ounces more of blood taken, when the convulsions ceased, after having continued with alternations of coma and a slight degree of consciousness for a period of thirty-one hours.

At 10 o'clock P. M. of the third day mania supervened and continued fourteen days, during which time camphor, assafœtida, and morphia, were administered, the latter never failing to procure sleep.

Paralysis of the left arm was observed after the second paroxysm, from which she has not as yet entirely recovered.

The blood abstracted from the arm of the patient at the different bleedings, (which were nine in a period of thirty-two hours,) weighed, after standing in open vessels forty-eight hours, eighty-nine ounces. This, with a small quantity spilled during one of the bleedings, and what would necessarily escape from the uterus at the time of parturition, together with what gushed from the orifice under the influence of violent spasms, and the necessary evaporation, must make nearly one hundred ounces of blood which the patient lost in about thirty-two hours.

The case was regarded by me, and also by my consulting physician, Dr. West, as a very unusual one, and I find, by reference to authority, that it was even so, and I offer this fact as a reason for reporting it.

Remarks.—The points of interest in the case are:

1st. The great length of time the convulsions occupied, from their commencement to their final termination.

2d. The great quantity of blood drawn from the patient, who was neither plethoric or spare.

3d. The supervention of mania, from which she soon recovered.

4th. Paralysis, which is yet a source of some inconvenience, but has nearly disappeared.

From my own experience in this disease, I am inclined to the opinion that blood letting should be cautiously persevered in until the convulsions cease to recur. That it might perhaps be established as a rule to be adopted in such cases, that our first bleedings should be free, and our subsequent ones less so, and repeated at intervals until the fits shall cease to return.

On the Use of Chloroform in Convulsions of a Puerperal Character.

By F. McGrath, M. D.,
Of Pittsburgh, Pa.

The following case, confirmatory of the value of chloroform in convulsions of a puerperal or allied form, I have thought worthy of record.

Last May, Mrs. D——n, a young married lady, then in the seventh month of pregnancy, residing in the suburbs of this city, while crossing a street on her way home, was startled by loud calls, warning her of some immediate danger; on looking round she perceived a runaway horse, approaching at a rapid pace; the fright she experienced was such as to deprive her of all power of motion, sight left her, and she fell down insensible, the horse passing her by untouched. The bystanders carried her home, when convulsive fits of a frightful character ensued, which (notwithstanding general and local depletion, with other external applications,) persisted, with slight intermission, during the entire evening. My friend, Doctor Walter in attendance, having other pressing demands on him, requested that I would take charge of the case. On visiting the lady, some five hours after the accident, I found her in strong convulsions, perfectly insensible; bloody saliva ejected from the mouth; face turged; pulse full.

I determined on further depletion, and reopened the vein in her arm, and having allowed fully a pint of blood to flow, without the slightest influence on the convulsive fits, I proceeded to the use of chloroform, the effect of which was truly gratifying. After a few minutes inhalation, all became calm—the convulsions ceased. I remained about two hours, from time to time administering the chloroform, at each apparent tendency to recur, until I felt satisfied they were completely arrested. Finding the power of deglutition restored, teaspoonsfull of fluids were given frequently, but she remained nearly 36 hours in a state of insensibility, after which she slowly recovered, wholly unconscious of what had occurred from the moment of her fall.

I expected premature labor would have set in, but the womb remained quiet, and retained the fœtus up to the full period, when, after a natural labor, a large healthy female infant was born, which with the mother continued to do well.

I must acknowledge my indebtedness to the interesting paper of Doctor Tracy, of Melbourne, Australia, copied into Braithwaite's retrospect of January, 1859, for a remedy at once so valuable and readily administered in these cases, hitherto so embarrassing to the physician, so exhausting to the patient, and alarming to anxious friends.

Illustrations of Hospital Practice.

ENGLISH HOSPITALS.

From notes taken by LAURENCE TURNBULL, M. D., of Philadelphia.

Hospitals in Birmingham.

In Birmingham, for the relief of the suffering poor, there are, a General Hospital, the Queen's Hospital, a Dispensary, a Lying-in Hospital, and an Eye Infirmary.

The latter is called the Birmingham and Midland Institute for the Cure of Diseases of the Eye, and is supported by voluntary contributions. It was founded in 1823, and opened for the cure of patients in April, 1824. Through the politeness of Richard Middlemoses, Esq., one of the consulting surgeons, I had the opportunity of examining the Institution. The surgeons are Messrs. Cheshire, Solomon and Townsend. From their report for 1858-9, I find that 224 patients were admitted during the past year. During the year, 165 cases of cataract have been under treatment, of which, 100 have been subjected to operative treatment in the institution, according to the following table:

Operations for cataract, by extraction, 53.
" " " " solution, (including 5 cases of congenital cataract,) 40.
Opaque capsule removed, 4.
Operation for artificial pupil, (including 15 cases of Iridectomy, and 5 cases of Iridesis,) 42.
Excision of the globe, 24.
Abscission " " 1.
Tumor of the orbit removed, 1.
Staphylomas removed by operation, 5.
Medical cases not requiring operation, 54.
Patients admitted last year, 3,895.
Since the establishment of the institution, in 1824, 84,543.

The institution is a very good one, and in a flourishing condition.

Royal London Ophthalmic Hospital.

Clinic of Dr. Dixon.

This hospital is situated in the eastern part of London, having an entrance for out patients on

Bloomfield street, with an exit on London street. There is a large women's-waiting-room; adjoining this, on the basement, is a large consulting room, with four divisions, with desks at each division, and surgeons and assistants at each; behind this, there is a glazed passage, which leads into four ophthalmoscope rooms. On the other side is the museum, library, and curator's department, and on the same ground floor, committee room, House Surgeon, Matron's, yard, &c.

Each patient receives a paper, on which is the diagnosis, day of attack, Surgeon's name and prescription, which is taken to the apothecary.

Interstitial Keratitis.—A young girl, aged —, was presented, who had syphilitic inflammation of the cornea, or interstitial Keratitis Dr. Dixon then introduced Mr. Jonathan Hutchinson, whom, he informed us, had devoted special attention and care to this subject, and who had found the following conditions to hold good in almost all these cases; and as the subject is new and interesting, I will give your readers a synopsis of his conclusions.

"Chronic interstitial keratitis usually commences as a diffuse haziness in the centre of the cornea of one eye. The patient complains of some irritability of the eye, as well as of dim sight. If looked at carefully, the cloudy spots are seen to be in the structure of the cornea itself, and not on either surface. In the course of a few weeks, or it may be more rapidly, the whole cornea, excepting a band near its margin, has become densely opaque. At this stage, the comparison to ground glass is very appropriate, and there is almost always a zone of sclerotic congestion, and more or less intolerance of light, with pain around the orbit. After from one to two months, the other eye is attacked, and goes through the same stages, but rather more rapidly than the first. A period in which the patient is so far blind that there is a bare perception of light, now often follows; after which the eye first affected begins to clear. In the course of a year or eighteen months, a very surprising degree of improvement has probably taken place. In milder cases, or under suitable treatment, the duration may be much less than this, and the restoration to transparency complete; but in many instances, patches of haze remain for years, if not for life. In the worst cases the corneal surface looks slightly granular, and has lost its polish. In certain cases, after the ground glass stage is passed, a yet more severe one ensues, in which the whole structure of the cornea becomes pink or salmon colored from vascularity, and in these, crescentic fringes of vessels are often noticed at its circumference. In the best recoveries the eye usually remains somewhat damaged as to vision, and often a degree of morbid expansion of the cornea is apparent."

His reasons for believing that this disease is dependent upon inherited syphilitic taint, are the following:

1. "That in certain instances, patients whom I knew beforehand to be the subjects of inherited disease, have, whilst under my observation, been attacked by it.

2. That in a large number of other cases, I obtained from the parents of the patient a free confession as regards themselves, and a distinct history of specific symptoms in the child during infancy.

3. That in almost all cases the subjects of it present *a very peculiar physiognomy*, of which a coarse, flabby skin, pits and scars on the face and forehead, cicatrices of old fissures at the angles of the mouth, a sunken bridge to the nose, and a set of permanent teeth, peculiar for their smallness, bad color and *vertical notched edges*, are the most striking.

4. That in many cases, one or more of the following suspicious forms of disease have either been coincident with it, or have occurred previously: ulcerative lupus, nodes on the bones, psoriasis on the face, otorrhœa, chronic enlargement and subsequent atrophy of the tonsils, ulcers in the throat, a thickened condition of the parts of the tongue, and chronic engorgements of the lymphatic glands.

5. That the effect of specific treatment in mitigating the severity of these inflammations, and in shortening their duration, is often very marked, while mere tonic and dietetic plans are of no avail.

6. That it is often either accompanied, or preceded by iritis."

Mr. Dixon stated that Mr. Hutchinson was a most pains-taking and careful observer, and during my attendance upon Mr. Dixon's clinic, I saw numerous instances confirmatory of the statement.

Another case was that of a man who had *obstruction* of the *lachrymal duct*. He had worn a style for 8 or 9 years. Again inflammation had set up, to remove which and be able to introduce a dilating tube, Mr. Dixon slit up the puncta on a small grooved director, and divided it with an Adams' Iris knife. This operation is now often resorted to at this hospital, and with very good results. It was introduced by Mr. Bowman in 1851, who states that subsequent experience has confirmed the confidence he then expressed in its merits. This operation has become an established practice, so that in 1855 it was performed some 91 times. It will surprise some of my readers when I state that Mr. Bowman found that the canaliculi were naturally capacious enough to admit a probe of one-twentieth of an inch in diameter, and that not unfrequently strictures existed in the canaliculi, usually about the middle, and sometimes close to the sac, so that he had a

series of probes constructed, reaching from a fine hair probe (No. 1) to 1-20th of an inch in diameter, (No 6.) For convenience he has three probes, the six ends of which give the sizes required, and the larger of which are so bent as to facilitate their passage through the nasal duct. Dr. Dixon performed the operation and then passed a full sized probe, (No. 6.)

Ophthalmoscopic Examinations.—A countryman, aged about forty, dilated pupil, no perception of light, attacked suddenly, no cause. Directed to place in the eye a few drops of solution of the sulphate of atropia, 2 grs. to the f℥j. Ophthalmoscope employed in the small mirror, with a glass double convex lens, 2½ inch focus. The retina was found to be covered with patches of extravasated blood.

Another case was a sailor, aged about 38, who had been in the Crimea. To look at his eyes there was nothing to indicate disease. The iris acted well, and yet he had but a faint perception of light in one eye. The other was somewhat better, so that he could guide himself, but he had not sufficient vision to fit him for her Majesty's service. On examination by the ophthalmoscope, Mr. Dixon found the whole surface of the retina covered with black patches, and occasionally white patches were seen, as if all the retina had been removed by disease. This was one of the cases which demonstrated the utility of the ophthalmoscope, as it was the result of syphilitic poison on the retina, and not on the iris.

On putting the question to Mr. D. as to whether he had ever seen injury to result from the use of the ophthalmoscope, he stated the following case of

Apoplexy of the Retina.—Mrs. A., a lady of wealth, was suddenly attacked with blindness of the left eye. As there was no apparent cause in the external tissues of the eye, I examined her eye with the ophthalmoscope, and found that there was a clot of blood upon the retina, the result of apoplexy of the retina. She was placed upon a careful diet and kept very quiet. In the course of two weeks vision gradually improved, and I again made a careful examination, and found that the clot of blood had almost disappeared. A day or two afterward the lady returned, and told me that ever since the examination she had suffered pain, and her vision was much worse. He then made a third examination, and found that a fresh effusion of blood had taken place, which he believed was the result of the examination. He therefore resolved not to examine the eye again until it was almost well, which course he pursued, and she ultimately recovered. A year or two afterwards, having to pass the house in which this lady resided, he found it closed, and upon inquiry found that the lady had died suddenly from an attack of apoplexy, showing that the apoplexy of the retina was the forerunner of the more serious disease which caused her death.

JULY 19TH.

Clinic of Mr. George Critchett.

I cannot enumerate all the interesting cases which came up in so large a clinic as that of Moorefield's. The first which I considered of interest was a case of *epiphora*, or obstructed puncta lachrymalia, which had been much improved by slitting up the puncta and introducing a probe through the canal into the nose.

Strumous Ophthalmia.—The treatment which Mr. Critchett pursues in these cases, is to set up some form of counter irritation, avoiding irritating applications to the eye, which he considers have a tendency to keep up the disease. In the case of a young girl who had suffered for months with this form of disease of the eye, he directed the house surgeon to introduce a seton in each temple, being careful to avoid the temporal artery or its branches; to bathe the eye with tepid water; to administer 5 drops of Fowler's solution of the arsenite of potassa three times a day; her food to be plain and simple, without sweetmeats of any kind.

Pannus.—The next case worthy of notice was one of *vascular cornea*, or pannus. Mr. Critchett directed that gonorrhœal matter should be introduced under the eyelid. This treatment, he stated, has been found very successful. It would be considered very hazardous treatment in the United States.

JULY 21ST.

University College Hospital.

Service of Mr. Wharton Jones.

There were numerous cases of ordinary diseases of the eye, but I will only give you a few notes of what I consider new. In his treatment of that most troublesome of all forms of ophthalmic disease, namely, *Granular Conjunctivitis*, he scarifies the lids very freely, and as far back as the sinus, with a round-pointed lancet. After free scarifications he applies under the lid the ung. sulphuris of the Pharmacopœia, which has been weakened by the addition of oil. This he considers a most successful application, though the patient suffered intense pain from it. I saw numerous cases in which Mr. Jones used this ointment.

In *Ophthalmia Neonatorum*, Mr. Jones scarifies the lids freely, and applies the ung. hydr. precipi. gr. lx to the f℥j of oil, and uses a mild wash of the bi-chloride of mercury.

Cataract.—Extraction is *par excellence*, the operation performed in *all* the hospitals in London. In

the adult the needle operation is occasionally performed, where the cataract is liquid or very soft. In congenital cases in children and young persons, the needle operation is employed. July 19th, I saw Mr. Critchett perform this operation on a boy, aged six, with double congenital cataract. The patient was placed under the influence of chloroform, and the needle was introduced at the outer edge of the cornea near to the sclerotica. As far as I could learn all the surgeons in London operate through the cornea, with a single exception, namely Mr. Hancock. They prefer it on account of not wounding any other tissue than the cornea and lens. In operations through the sclerotica, as practiced in the United States, there is a great liability to internal inflammation consequent on passing through so many tissues. At Moorfields I witnessed two cases where extraction had been followed by closed pupil, and one case under Mr. France at Guy's. These cases were stated to depend on want of care on the part of the patient. I also saw Mr. Streatfield operate at Moorfields with success by extraction. Also two successful cases, one by Mr. Dixon and one by Mr. Critchett, were shown to me. While at Guy's, Mr. France exhibited three beautiful cases which had been operated upon one week before.

Artificial Pupil.—At Moorfields I saw Mr. Critchett operate upon one of the cases of closed pupil by opening the cornea, passing in a small hook, withdrawing a portion of the iris, and snipping it off. Also using the canula forceps and scoop. He informed me that his favorite operation was *Iridesis*, or the operation of tying the iris. He stated that it is performed in the following manner: The patient if at all restless, being placed under the influence of chloroform, the wire speculum is inserted, and with a pair of forceps, a small fold of the conjunctiva close to the cornea is held so as to fix the eye. An opening is then made with a broad needle through the margin of the cornea, close to the sclerotica, and just of sufficient size to admit the canula forceps: with it a small portion of the iris near, but not close to its ciliary attachment, is seized and drawn out to the extent considered necessary to enlarge the pupil. A piece of fine floss silk, previously tied in a small loop round the canula forceps, is slipped down and carefully tightened around the portion of the iris made to prolapse, so as to inclose and strangulate it. This manœuvre requires a little practice and dexterity, and is best accomplished by holding each end of the silk with a pair of small forceps, with broad extremities, bringing them exactly to the place where the knot is to be tied, and then drawing it moderately tight. A single tie is sufficient. The ends are then cut off, and the operation is complete. Little or no irritation usually follows. The small portion of iris included in the ligature, speedily shrinks, leaving the little loop of silk, which may be removed from the eye about the second day. This operation has been performed by Mr. Critchett, Mr. Bowman and Mr. Poland, and the results have been very satisfactory; the size, form and direction of the pupil can thus be regulated.

Glaucoma, (Græfe's Method.)—Fifty-three cases of glaucoma, generally chronic, have been operated on by Græfe's method of excision of a part of the iris. In the acute cases the operation was followed by decided benefit, but in the chronic cases vision was not much improved.

According to Græfe, in this operation, not more than one-sixth of the iris should be removed, and the incision should not be in the cornea itself, but one millimetre behind it in the sclerotica, and no portion of the iris should be left in the wound.

Strabismus.—Mr. Critchett showed me a beautiful case of double divergent strabismus, in which he had operated on both eyes at one sitting, in which both were perfectly straight. Nothing remained except a prominent line to mark where the external recti had been cut.

I witnessed Mr. Streatfield perform the operation upon a case of internal strabismus, but he did not operate by the sub-conjunctival method, but made an opening over the internal recti muscles, sweeping his hook under the ocular fascia, and raising the muscles on it and dividing them. The operation was successful in the eye operated on. In a case I saw at Guy's, operated upon by Mr. France, he had made a small opening, then divided the tendon and united the edges of the wound carefully by silk ligature. The case did exceedingly well.

Excision of the Globe of the Eye.—This operation is evidently gaining favor as a means of getting rid of sympathetic inflammation of the opposite eye, when vision of the eye excised has been entirely lost, or when there is but very slight vision and an irritable condition remains. In twenty-eight cases, according to Dr. Bader, the eye has been excised for injuries. Also in cases of acute inflammation of the globe. It had been perforated by a chip of steel or some other cause in six cases. In one case the lens had been broken to pieces. In six cases in which eyes were considerably shrunken, "stumps" have been excised. In another case, the repeated attacks of pain appeared to be due to a neuroma of one of the ciliary nerves.

Excision of the eye has been performed in sixteen cases for staphyloma.

In six cases the staphylomata were concomitant with other pathological changes in the globe, etc.

The instruments employed are a wire speculum, a

strabismus hook and scissors, a curved pair of scissors and forceps only. The whole operation is much more simple than one would suppose. Ice cold water is frequently employed to check the bleeding by running a stream into the cavity, and over the conjunctiva as long as the blood oozes out, or from five to fifteen minutes. Mr. Bowman and Mr. Critchett sometimes close the conjunctival aperture by a thread, which is several times passed in and out and round the margin of the aperture, and drawn together, when all the bleeding has ceased. The thread is generally removed on the third day.

The method of operating is as follows: The patient is placed under the influence of chloroform, the conjunctiva and ocular fascia are divided, then the muscles are raised upon a strabismus hook, first dividing the superior recti, internal and external, passing back the scissors, and dividing the optic nerve; the cellular tissue and internal oblique are divided, and the whole eye is then removed without much injury to it, so that it can be preserved or dissected. If the vitreous humor is transparent, it can be preserved as a pathological specimen, in glycerin. If syphilitic inflammation has injured the eye, then the proper agent is alcohol. In any other case, the best agent is naptha and water.

For preservation so as to examine it by the microscope, it is best prepared in a solution of chromic acid, one part to twenty of water; or to see the vessels of the choroid, etc., remove the vitreous, and dry it upon a glass mask, like an artificial eye, but have an opening where the cornea should be.

Pathological Collections, &c.—The form in which Dr. Bader has put up the pathological collection at Moorfields, is in a glass, like a knob of a door, fixed in a wooden stand, in alcohol and water, naptha and water, and pure glycerin, avoiding the admission of air by having carefully ground covers, united with a cement of gold size varnish and asphaltum, equal parts. This will answer for diluted alcohol or naptha and water.

As yet no good cement has been found that will prevent the glycerin from flowing out; the best plan would be to have an enamel or unite the edges of the glass by the use of the blow pipe. The collection at the Royal London Ophthalmic Hospital is beautiful, and can be examined and studied with great satisfaction. I examined with much satisfaction a series of drawings by Mr. Schweizer, of internal diseases of the eye, as seen by the opthalmoscope, collected, with the history of the respective cases, at the Royal Ophthalmic Hospital, and it is conceded that they are the most perfect, as giving the true natural and exact representation of the object. They are well worthy the careful examination and study of every ophthalmic surgeon. I witnessed Mr. Schweizer making a drawing of an interesting case, and confirmed it by the ophthalmoscope. I also had the pleasure of examining a section of a healthy retina under the microscope. He is one of the most accomplished and most careful microscopists, and is always willing to communicate his knowledge to practitioners and students. Indeed I know of no school where the student can receive more valuable instruction on diseases of the eye, than at the Royal Ophthalmic Hospital. It certainly holds the first rank in London.

Medical Societies.

ESSEX COUNTY (N. J.) MEDICAL UNION.

A meeting of the Essex Medical Union was held on Monday evening, August 8th, 1859, at the residence of Dr. W. Pierson, Jr., Orange, Dr. Brumley in the chair.

Dr. Brown related two cases of *Empyema* following pleurisy, in one of which the operation by incision was followed by recovery. The other opened spontaneously, and is still under treatment.

Dr. Akers related two cases, in which the discharge continued a long time, and the patients sank exhausted.

A discussion as to the propriety and proper method of operating, ensued, in which Drs. Pennington, Pierson and L. A. Smith participated.

Dr. W. Pierson, Jr., presented a specimen of a *Fracture of several of the Dorsal Vertebræ*, causing paralysis of the lower extremities, and death in nine months. Though the bodies of the vertebræ were somewhat absorbed, union had taken place to a considerable extent in the processes. He also exhibited a *Tænia Solium*, passed after the use of *Pumpkin seeds*.

Dr. Wicks also exhibited one, produced under the administration of the same remedy, with oil of turpentine.

Dr. W. Pierson related a case of *Hydrophobia*, which terminated last evening. The patient received a bite from a dog, some two or three months ago, and was taken with slight pain on Tuesday evening. On Thursday shivering occurred on being fanned, or attempting to drink; great prostration followed, and death closed the scene last evening.

Dr. Akers mentioned instances of several persons and animals bitten by a mad dog, in which *Scuttellaria* was freely used as a preventative. No hydrophobia followed.

Dr. Dougherty presented a preparation of the *Posterior Tibial Nerve*, taken from the subject of a fatal attack of tetanus, caused by stepping on a nail,

which passed very near the nerve, and caused a slight redness in it. Death was preceded by violent spasms, particularly of the intercostal muscles. Tincture of aconite was largely used, without effect.

A general discussion followed, on the treatment of hydrophobia and tetanus.

Dr. Whittingham gave the history of two cases of the latter disease, in which the paroxysms were suspended by the use of chloroform, but both proved fatal.

Dr. W. Pierson, Jr., mentioned a case in which recovery took place under its use.

The treatment by tobacco was also alluded to favorably.

Dr. Dougherty noticed an operation he had performed for *ovarian dropsy*, in which the trocar and canula were passed through the linea alba, and both ovaries opened in turn without withdrawing the canula. Also, a case of injury by falling on a fence pale, which entered between the ninth and tenth ribs, passing between the walls of the pleura, causing hydrothorax.

Dr. Brown mentioned a case of impalement of a child, by a rough pale passing seven inches into the anus. The child recovered, with partial loss of the sphincter.

Dr. Eyrich mentioned a case of fatal injury from a kick, wounding the urethra.

Dr. Corwin related a recent case of sporadic cholera, treated successfully with ginger; benzoic acid and salt.

W. Mortimer Brown, *Secretary*.

Editorial.

THE AGE OF THE PICK-AXE!

Never, perhaps, in the history of the world have so many persons been engaged in explorations beneath the surface of the earth as now. The pick-axe has gained a remarkable ascendancy over almost every other industrial implement. In California, British Columbia, Western Kansas, in almost every part indeed, of North America, in Australia, and more recently amid the ashes of the dead in Central America, it is searching for gold,—in Arizona and Mexico for silver, in the Lake Superior and other regions of our country for copper, and other valuable metals, and ever and anon for hidden treasure. In Europe old mines are being explored for a metal (tungstea,) which, formerly regarded as worthless and rejected, has recently been found to possess valuable properties. In Europe, in Asia, in Africa and in our own country there is a delving going on among ancient ruins which promises to elicit something for science.

Men are too, ever and anon blundering on discoveries of vast caves in the earth, many of which seem to have been places of resort for human beings in past ages. Some years ago, in exploring a cave some hundreds of miles west of the Mississippi, we discovered some relics, evidently of very ancient origin, and it is possible that other caves may be found to contain relics that may throw light on the history of the ancient inhabitants of our land. Caves should be visited by scientific men with this object in view. On Raccoon mountain, in the northern part of Alabama, in a bend of Little river, there is a cave in the side of a precipice, where it is evident that an army was once besieged. The ruins of stone fortifications still exist in the bend of the river opposite to the mouth of the cave. And that whole region of country contains the relics of fortifications which are worthy of critical exploration.

But the most remarkable developments made by the pick-axe is in the discoveries of golden images and plates containing inscriptions in the huacas, or ancient burial places of the Chiriqui country in Central America. Here would appear to be a clue to the history of the ancient inhabitants of the central regions of America, the monuments of whose rude civilization are so often met with. As yet, we can form no opinion as to the length of time that has elapsed since that remarkable people flourished in Central America. But we know that soon after this continent was discovered, the Spaniards obtained immense treasures by robbing graves of the gold that had been deposited in them. One writer from the region of country where these discoveries of gold are made, says that no bones are found in the graves, but traces of human hair in some of them. No figures of horses, dogs, cows or any European animal have been discovered. Figures of a species of wolf are among the representations that have been

found modeled in clay. Many earthen vases have been found with painted letters upon them similar to those of the Chinese, and our authority says that he saw one figure of the human head with the "almond eyes" of the Chinese. Some plates of gold were seen by the same writer with a figure or letters like a Chinese character.

Another writer says that all the golden images, pots, jars, corn-mills, &c., taken from these huacas are evidently of Asiatic origin. It is very likely then that a scientific investigation of the contents of these graves may reveal the history of the ancient inhabitants of this country of whom we have on the surface of the ground just relics enough to make us wish to know more of their origin. It is earnestly to be hoped that the opportunity to investigate this exceedingly interesting subject will not be allowed to pass by. We have little conception of the revelations of the past destined to be made by the pick-axe and shovel. May the men of science improve their opportunities during this, THE AGE OF THE PICK-AXE.

THE FAIRMOUNT PARK.

We have before adverted to the fact that our city authorities, with a commendable spirit of enterprise and regard for the health of the inhabitants of this city, have secured a fine estate lying on the Schuylkill, just above Fairmount Water Works, which they are engaged in converting into a park. We then urged the importance of securing the ground bordering the Schuylkill on the opposite side, and thus have the park occupy both sides of the river. We are happy to learn that this has recently been done, and that the city has thus not only secured the ground for what we have no doubt will ere long be the most beautiful park in the world, because so advantageously located, but have prevented the erection of factories on the river, and in so far insured the purity of the stream that supplies the city with water.

But much more remains to be done—*and now is the time to do it.* Our city should secure as much land as possible on both sides of the Schuylkill, for miles up, if it can be done, for the purpose of preventing the erection of any more factories on that stream than already exist. This is a matter of no small importance to the future health of our city. The source from whence so large a population derives its supply of water, should be kept as pure as possible; and it will be much *cheaper* for the city to secure these lands now, and prevent the necessity, after awhile, of bringing water from a great distance, by means of an aqueduct, at an expenditure of millions of dollars. We trust that the medical profession will agitate this matter, and use their influence to maintain the purity of our supply of water.

THE DRINKING HYDRANTS.

What has become of our public drinking hydrants? If our memory serves us, Councils appropriated money for the erection of a number of drinking hydrants throughout the city, but, as yet we have seen or heard of only one, that at the corner of Eighth and Chestnut streets, and the cup attached to that has been broken off. New York, and the English cities have taken the lead of us in this matter. Let us have the public drinking hydrants, and let us have them soon!

Periscope.

The influence of Vaccination on the increase of Population.—A fact worthy of remark, and a very curious one, is the prodigious increase in population since the commencement of the present century. The following figures show a most remarkable disproportion between each other:

	Inhabitants.
In 1700 France contained, -	19,669,520
In 1762 France contained, -	21,769,163
In 1804 France contained, -	27,349,003

And at the present day the number of the inhabitants of that country exceeds 36,000,000. The great increase seems owing to the introduction of vaccination, which, by lessening the chances of death, has exercised by that means an indirect action on the number of births. As regards the mean duration of life in France, vaccination has certainly had a tendency to

prolong it; for, before the great revolution, the mean duration was only 28½ years, whereas now it is 31½ years.

We have no doubt but much of this increase of population is to be attributed as above, to vaccination. But is it not partially, at least, attributable to the fact that wars have been much less prevalent since the beginning of the present century? Men have cultivated the arts of peace, and nothing is more conducive to increase of population, both by favoring marriages and conception than peace and prosperity.

Regeneration of Vaccine Virus.—We are glad to make a note of some experiments made by Dr. Friedinger, of Vienna, to ascertain the effects produced upon vacine virus by transmission through the cow.

The observations of Ceeley of England, of Martin of Massachusetts, and of Theile of Russia, who inoculated the cow with variolous matter, leave no doubt in regard to the violence of the subsequent disease, and of the terrible power of the resulting virus; but the same positiveness does not exist in regard to our knowledge of the effects of the transmission of *vaccine* matter. It has been stated that the disease produced in the cow by vaccination with ordinary vaccine matter, from the human subject, is of the same mild character as in man, and that the virus is unchanged. Experiments made in Bavaria, by direction of the government, seemed to prove that the matter is rendered more powerful by passing through the cow.

To settle this vexed question, Dr. F. introduced vaccine matter into the cow, and tested the lymph of the vesicle by the vaccination of several children. The conclusion arrived at is: that vaccine virus does not become more powerful by transmission through the cow, but, on the contrary, looses much of its efficacy.

Syphilization.—To whom is due the credit of discovering that frequent inoculation of syphilitic virus serves as a prophylaxis against syphilis, is involved in considerable doubt.

Turenne was the first to draw attention to the fact, that the oftener a patient is subjected to this inoculation, the less liable he is to the contracting of a chancre. R. de Welz, Diday, and finally Sperino, carried the experiments farther, until the latter formally announced the invariable prophylactic effect of frequent inoculation. The greatest credit, however, is due to Prof. Dr. Boek, of Sweden, who, by his extended observations and numerous experiments, has given the most satisfactory information upon the subject.

The rule to be observed in carrying out this similia similibus plan of treatment for syphilis seems to be, the subjecting of the patient to the successive inoculation of syphilitic virus, until a venereal sore is no longer produced. Some idea of the frequency of inoculation necessary to answer the indication, may be inferred from the fact, that Prof. Heber reports a case of secondary syphilis as being completely cured, after having had the virus inserted 168 times.

The effect of War on Marriage.—It is an established fact that the number of marriages in the time of peace is greater than in time of war; and even when the chances of war are imminent the number of marriages are found to diminish. In 1823, 40,000 marriages were solemnized in France, more than in the five years of the occupation of that country by allied forces. In Russia, notwithstanding the indifference of the population to political affairs, there were in 1812 from 70,000 to 80,000 marriages less than in the years preceding.

The Sweating Sickness.—Dr. Hecker gives, in his "Epidemics of the Middle Ages," the following account of the effect of the panic produced by the invasion of the "sweating sickness" in Germany in the year 1529:

"The English sweating sickness was the subject of discourse every where, and if any one happened to be taken ill of fever, no matter of what kind, it was immediately converted into this demon, whose spectre form continually haunted the oppressed spirit. At the same time the unfortunate delusion existed, that whoever wished to escape death, when seized with the English pestilence, *must perspire for twenty-four hours without intermission.* So they put the patients, whether they had the sweating sickness or not, instantly into bed, covered them with feather beds and furs, and whilst the stove was heated to its utmost, closed the doors and windows with the greatest care to prevent all access of cool air. In order, moreover, to prevent the sufferer, should he be somewhat impatient, from throwing off his hot load, some persons in health likewise lay upon him, and thus oppressed him to such a degree, that he could neither stir hand nor foot, and finally, in this rehearsal of hell, being bathed in an agonizing sweat, gave up the ghost, when, perhaps, if his too officious relatives had manifested a little discretion, he might have been saved without difficulty."

Revival in the use of the Trephine.—The hospital report of the *Med. Times and Gaz.* says: "One of the points to which much attention has recently been directed, is the class of cases in which the operation of trephining ought to be performed. The general feeling some few years was generally opposed to the free use of this instrument, which prevailed among the older surgeons. Now, a reaction has taken place, and it is again much more used than it was ten years ago. Foremost among the surgeons who have urged the propriety of more frequent employment of it, is Mr. Ellis Jones, of the Liverpool Northern Hospital. He holds that *symptoms* ought not to be waited for, but that when the skull is fastened and bone depressed it is the surgeon's duty at once to operate. That this revived rule of the older surgeons is acknowledged by those at present holding appointments in the London hospitals, several cases recorded in in these reports during the last few years, abundantly prove."

The Early Study of Osteology.—Cheselden says in his *Osteographia:* "The frontispiece represents Galen contemplating the skeleton of a robber, who, being killed by a traveller, had his bones picked in two days by vultures. This opportunity he mentions as a piece of good fortune, though he had seen another skeleton which was accidentally washed out of a burying place by the overflowing of a river, besides one which was shown in a public school at Alexandria, which he thought was worth the trouble of any one to go on purpose to study."

The Strike of the London Workmen engaged in building, in favor of the nine hour system, receives much general sympathy. The *Med. Times and Gaz.* says: "Nine hours of unceasing bodily labor of a fatiguing nature appear to be as much as the human frame ought to be called upon to endure. This side of the question has not been touched upon by any of the masters. Every one feels that there is something defective in calculations which take no account of a man except as a mere piece of mechanism. If it can be shown that the human frame cannot, without marked detriment to life, be made to endure more than a given amount of labor, and that more than nine hours labor materially shortens human existence, then we say that the mechanic has a great show of reason in this matter. We ought also to remember what has been stated by the laborer, that in addition to these hours of actual work, he is, as a rule, compelled to walk an hour's journey to the place of his labor."

Influence of Climate on Births.—An infinity of causes may influence the number of births, but one of the principal, no doubt, exists in the state of the climate. It may be remarked that the nearer we appproach the equator the greater the fecundity of women. The following table shows the result of observations made with regard to the number of children for each 1,000 families in the different States of Europe:

	Children.
In the Kingdom of the Two Sicilies,	5,546
In Venice,	5,454
In the Kingdom of Wurtemberg,	5,543
In the Kingdom of Bohemia,	5,236
In the Kingdom of Portugal,	5,184
In the Milanese,	5,007
In the Grand Duchy of Hesse,	4,815
In Austria,	4,725
In Holland,	4,670
In the Grand Duchy of Mecklenberg,	4,839
In the Kingdom of Prussia,	4,570
In Russia,	4,537
In France,	4,148
In Hanover,	4,121
In Sweden,	4,112
In Norway,	3,965
In Holstein,	3,739
In Denmark,	3,593
In the Britannic Isles,	3,065

From the above table it is a manifest that there is a decrease in fecundity as we advance towards the north. The difference is especially striking between Naples and Great Britain, which are at the two extremities of the scale. The results here shown, it will be seen, appertain only to the European States; but the difference will be found even more striking between countries more opposed in climate. Thus in Greenland, according to the accounts of travelers, 1,000 families scarcely comprise 2,000 children; whilst in Brazil, 1,000 families include about 4,400 children; and we may easily imagine with what rapidity populations would be doubled in hot climates if the terrible epidemics peculiar to them were not so frequently decimating them.

It is calculated that in all Europe the male population would, judging from the births, surpass the female by 4,000,000, if this excess was not daily counteracted by the numerous accidents to which the males are exposed, and which so materially diminish their number.

Medical News.

The new Medical Board of the Philadelphia Hospital has assumed the control of the institution. Rules for its government in accordance with the present arragement have been adopted which will enable its affairs to be conducted in the orderly and systematic manner, so essential to the harmony and efficiency of a large hospital. The general organization is similar to that of the Pennsylvania Hospital, and most of the other prominent institutions of the kind in this country.

Dr. S. D. Gross has been elected President of the Medical Board.

The Philadelphia Hospital is the largest hospital on this continent, presenting an unequalled variety of disease, and has no superior in its opportunities for clinical study.

The Medical College of Alabama, at Mobile, has been organized with the following Faculty:

J. C. Nott, M. D., Professor of Surgery; J. F. Heustis, M. D., Professor of Anatomy; Wm. H. Anderson, M. D., Professor of Physiology and Pathology, and Dean of the Faculty; George A. Ketchum, M. D., Professor of Principles and Practice of Medicine; F. A. Ross, M. D., Professor of Materia Medica and Therapeutics; F. E. Gordon, M. D., Professor of Obstetrics and Diseases of Women and Children; W. J. Taylor, of Philadelphia, Professor of Chemistry; Goronwy Owen, M. D., Demonstrator of Anatomy.

The regular course of lectures will commence on the 14th of November next, and continue four months. The names of some of the faculty are familiar to our readers, and are a guaranty of the success of the enterprise.

Wyandotte Cave.—Among the many recent discoveries of extensive caves, there is none that equals in extent or interest the Wyandotte Cave in southern Indiana. Dr. D. L. Talbot makes the following comparison between the Wyandotte and the Mammoth Caves: "Wyandotte Cave, one of the most extensive and remarkable in the world, is situated in Crawford county, Indiana, about twenty five miles below New Albany, on Blue River. I have called it a remarkable cave. The Mammoth Cave of Kentucky has hitherto been designated as the greatest known cave in the world. It may startle your scientific readers to hear me assert the fact, there is one stalagmite alone in Wyandotte Cave more massive than all the stalagmites and stalactites in Mammoth Cave put together.

This cave I have surveyed and mapped a distance of twenty miles in length, and there are numerous avenues. I have never penetrated to their end, although I have visited the cave, for scientific and other purposes, over a dozen different times—spending on one visit four days and nights within its darksome halls. The Mammoth Cave is distinguished more for its vastness than its beauty; the Wyandotte for its great extent, its mammoth hall, its lofty ceilings, reaching frequently to the height of 267 feet, and especially for its numerous and beautiful natural fountains, which almost continually meet the eye in every direction. A portion of this cave has been known and visited for over forty years.

This portion is about three miles in length, and is termed the Old Cave. In 1850 a new door from within the Old Cave was discovered, which extended the caves united to about twelve miles in extent. In 1853 a still newer discovery of ingress was accidentally made, which has added eight or ten miles thereto, and disclosed a plan of formation more extensive and more beautiful than any heretofore known. This cave contains every kind of formation peculiar to the Mammoth and other caves, besides some very peculiar and unique formations found only in Wyandotte Cave.

Dr. William Hauser, formerly of Spiers' Turnout, Georgia, has been appointed Professor of Physiology and Pathology, in the Oglethorpe Medical College, at Savannah, in that State.

Surgeon C. McDougal, heretofore detailed for duty at the Military Academy, having been authorized to delay reporting at West Point until March 1, 1860, Surgeon S. P. Moore will continue on duty until that date.

The Sanitary Conditian of Watering Places.—The *London Lancet* of August 13th, cautions those who expected to leave London to spend the mid-summer months at the various watering places, lest they find death where they seek health. It says—"You leave a healthy town for others, exposed to diseases, endemic and epidemic. Few European watering places are so salubrious as those of England; few English watering so healthy as London. * * English watering places are not always very high in the

sanitary scale. The mortality in many is above 20 in 1,000; Bangor stood at 24, Aberystwyth at 24, and Whitby at 26, during the last three months; Weymouth at 20, Clifton at 20, Cheltenham at 19, and Scarborough at 23. Ever and anon they are attacked with epidemics—diarrhœa, diphtheria, scarlatina, and the like. This is due to defective sanitary arrangements. * * Their mortality should not range higher than 17 in 1,000."

To those unacquainted with the very perfect sanitary arragements of London, this statement will appear startling. So defective are the sanitary regulations of our own cities that a comparison between their mortality and that of our watering places would be largely in favor of the latter. Indeed, we incline to the opinion that could they be obtained, the bills of mortality of American watering places would exhibit better rates than those quoted above. But it must be acknowledged to our shame that we have no registry law that would reach them.

A correspondent at St. John, N. B., writes us that section 22 of the recently passed medical bill of that Province, has had the effect to induce quacks, who passed for regular physicians, to take down their signs of "Dr." and replace them with "Mr.," thus drawing a line of distinction between regular physicians and pretenders. He says further—"Our Register has objected to register a Homœopathic diploma, and the case is taken to court. One Homœopathist has registered on a New York (regular) diploma. We have but *two* in New Brunswick."

An inhabitant of Breslau, in Germany, says the *London Lancet*, wishing to impart energy to the unproductive bulbs of his unprotected scalp, gave an advertiser of Dusseldorf £1 12s. for a wonder-working ointment; but finding it useless, brought an action against the quack, who was obliged to give back the money and pay £2 5s. fine, or undergo five days' imprisonment. The valuable compound was alleged to have been made up from a prescription found in an Egyptian mummy, and was proved to be a combination of extract of bark, oil, resin, and tincture of Spanish flies!

A colossal statue of Hugh Miller, the geologist, is to be erected in his native place, Cromarty, Scotland.

A Dr. Lutze, in Germany, has been in the habit of making children *swallow* vaccine virus, and then delivering vaccination certificates! He has been warned by the authorities that if he persisted he would be charged with giving false certificates.

More than two thousand limbs of wounded soldiers have been recently amputated in Italy.

To CORRESPONDENTS.—*Communications seeking information or advice, must be accompanied by a responsible name.*

Dr. F., South Carolina.—For an excellent report on the formation of County Medical Societies, with a plan of organization, see Transactions of the American Medical Association, vol. 9, for 1856, p. 395. If your State Society makes no provision for the formation of District Societies, the practitioners of your neighborhood, or as many of them as will be necessary, should meet in your district, town or other large place, and voluntarily organize yourselves into a society. It would soon be joined by the respectable physicians of the District. The plan of organization recommended by the American Medical Association is a good one, and has the advantage of giving a uniform plan for the whole country.

Dr. F., Maryland.—The Medical Society of your State is known by the name of *The Medical and Chirurgical Faculty of Maryland.* It was incorporated in 1799—"still lives" and publishes annually a very respectable volume of Transactions. We have before us those of 1854, 1856, 1857 and 1858. It possesses, what we believe no other State Medical Society possesses, and what all ought to possess, *a valuable library*, which is located in Baltimore. The Society has not taken pains to diffuse its light, for we do not remember ever to have seen a copy of its Transactions noticed in any of our medical journals, or acknowledged by any of our State Societies. This is wrong. But there is another wrong. Your *counties* do not form societies and send delegates to the Medical and Chirurgical Faculty as they ought. The only counties in Maryland that have been represented in the American Medical Association, so far as we can find are Dorchester, Talbot and Frederick.

Dr. F., Florida.—We have used some of Tilden & Co.'s preparations, and have known others to use them, and always with quite as much satisfaction as ordinarily attends the use of drugs. We would not advertise his medicines if we did not think them reliable.